

<i>SERFF Tracking Number:</i>	<i>SFMA-125545892</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML-23187</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>ML-23187</i>		
<i>Project Name/Number:</i>	<i>ML-23187/ML-23187</i>		

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: ML-23187

SERFF Tr Num: SFMA-125545892 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: ML-23187

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Laura Culbertson, Laurel Poshard, Sheri Anderson

Disposition Date: 03/21/2008

Date Submitted: 03/18/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2008

Effective Date (New): 04/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name: ML-23187

Status of Filing in Domicile: Authorized

Project Number: ML-23187

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

EXPEDITED

Terrorism Risk Insurance Program Reauthorization Act of 2007 – Informational Filing

We respectfully submit for your information FE-6999.1 Policyholder Disclosure Notice of Terrorism Insurance Coverage

SERFF Tracking Number: SFMA-125545892 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: ML-23187
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: ML-23187
Project Name/Number: ML-23187/ML-23187

which replaces FE-6999 in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007. This disclosure will be used with the following programs:

Commercial Property and Casualty Insurance
Commercial Package Programs-Church, Commercial Lines, and Contractors Programs
Commercial Inland Marine Program
Commercial Liability Umbrella Program

These disclosures will be sent to all affected commercial lines policyholders and updates the explanation required by statute. The disclosures point out that terrorism is not excluded, however other exclusions could apply. There is no separate premium charged to cover insured losses caused by terrorism. It further explains that any losses caused by certified acts of terrorism would be partially reimbursed by the federal government.

Sincerely,

Thomas W. Monson, CPCU
Forms Director and Assistant Secretary-Treasurer
(309) 766-2270
tom.monson.apky@statefarm.com

Nate Gross
Forms Manager
(309) 766-3003
nathan.gross.aiqq@statefarm.com

Company and Contact

Filing Contact Information

Nate Gross, nathan.gross.aiqq@statefarm.com
One State Farm Plaza (309) 766-3003 [Phone]
Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>SFMA-125545892</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>ML-23187/ML-23187</i>		

State Farm Fire and Casualty Company
1 State Farm Plaza
Bloomington, IL 61710
(309) 735-0649 ext. [Phone]

CoCode: 25143
Group Code: 176
Group Name:
FEIN Number: 37-0533080

State of Domicile: Illinois
Company Type:
State ID Number:

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	03/18/2008	18748600

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/21/2008	03/21/2008

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Disposition

Disposition Date: 03/21/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SFMA-125545892	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	ML-23187		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
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Project Name/Number:	ML-23187/ML-23187		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number:	SFMA-125545892	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	FE-6999.1		Disclosure/ Replaced Notice	Replaced Form #:0.00 FE-6999 Previous Filing #:		FE-6999 1.pdf

In accordance with the Terrorism Risk Insurance Reauthorization Act of 2007, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United

States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/21/2008
Bypass Reason:	Not Applicable			
Comments:				

Satisfied -Name:	Expedited Filing Transmittal Document	Review Status:	Approved	03/21/2008
Comments:				
Attachment:				
FE-6999.1, Expedited Filing Transmittal Document.pdf				

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing

- ☐ Filing Related to *Certified Losses*
☐ Filing Related to *Non-Certified Losses*
☒ Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
State Farm Fire and Casualty Company	Illinois	0176-25143	37-0533080

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Nate Gross, Forms Manager P & C Actuarial, D-4 State Farm Fire and Casualty Company One State Farm Plaza Bloomington, IL 61710	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com

Filing information

Line of Insurance (see attachment)	Commercial Property & Casualty Insurance
Company Program Title (Marketing title) (if applicable)	Church, Commercial Lines, Contractors, Commercial Inland Marine, and Commercial Liability Umbrella Programs
Filing Type ** see note below	Disclosure Form
This application is used with:	N/A
Effective Date Requested	April 1, 2008 for new business and July 1, 2008 for renewals.
Filing date	March 19, 2008
Company Tracking Number	ML-23187
Date filing approved in domiciliary state, if applicable	N/A -- Authorized

	<u>Component/Form Name</u> <u>Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage	FE-6999.1	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	FE-6999	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on it's behalf.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it is:

- ☒ Is in compliance with the terms of the Terrorism Insurance Act, as amended, and the laws of this state; and
☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Thomas W. Monson, CPCU

Print Name:

Forms Director and Assistant
Secretary-Treasurer

Title: